

NATIONAL PARK SERVICE
St. Croix National Scenic Riverway

NPS Form 10-932
NEW 10/00

P.O. Box 708
St. Croix Falls, Wisconsin 54024

OMB No. 1024-0026
Expires 12/31/2006

Application for Photography/Filming Permit

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
Email:	Email:
Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Insurance company:
Cell phone #:	

TYPE OF PROJECT:

- ☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock photo/video/film
- ☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial
- ☐ Music Video ☐ Public Service Announcement ☐ Infomercial ☐ Industrial
- ☐ Other, explain _____

Will there be sound recording ☐ Yes ☐ No

Night work : ☐ No ☐ Yes, explain

SUMMARY OF SCENE(S) - Attach additional pages if necessary:

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	PREP	STRIKE	# of cast & crew
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Set dressing or other structures proposed: ☐ No ☐ Yes, explain

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

Electrical needs, explain _____ Generator: ☐ No ☐ Yes, size _____

Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain)

Road: _____ Date/time: _____ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain)

OPERATIONAL INFORMATION:

Number of Personnel and Vehicles:

Total Cast & Crew _____ Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans

Camera Car _____ Picture Cars _____ Motor homes _____ Dressing Rooms

Other Vehicles (explain)

Base Camp location:

Catering Co. Name _____ Phone # _____

SPECIAL ACTIVITIES:

Children: None Yes # of Children _____ Age Range _____

Animals: None Yes (explain)

Trainer Name: _____ Phone #: _____

Aircraft: No Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone # _____

License # (if applicable) _____ Permit # (if applicable) _____

Stunts: (explain)

Coordinator _____ Phone # _____

Any other unusual or hazardous activities, explain

Person on location responsible for company's adherence to all terms & conditions of a Film Permit:

Name: _____ Title: _____ Phone: _____

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature _____ **Title** _____ **Date** _____

Company Name _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$100.00 made payable to **National Park Service**. Application and administrative charges are non-refundable.

*Please return to: Chief Ranger
 St. Croix National Scenic Riverway
 P.O. Box 708
 St. Croix Falls, Wisconsin 54024*

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.